

59th Medical Wing



U.S. AIR FORCE

59 MDW Ophthalmology Produce Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 23 Aug 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Ophthalmology Product Line Review

Revised Financing Overview

Prospective Payment System

- MTF receives PRIME capitation funding for enrollees plus ancillary pass-through and specialty mission funding (e.g. student population, etc.)
 - Use resources to maximize return on investment
- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets;

Business Plan Overview

Actual 59 MDW Performance Oct-Apr 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	226,718	14,145	48,784	289,647	70,374	63,642	42,481	93,027	269,524
Target	250,489	22,422	40,921	313,832	82,541	96,674	83,462	64,871	327,548
Diff	(23,771)	(8,277)	7,863	(24,185)	(12,167)	(33,032)	(40,981)	28,156	(58,024)
% Met	91%	63%	119%	92%	85%	66%	51%	143%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,352	201	295	2,848	1,700	255	2,964	2,688	7,607
Target	2,499	249	321	3,069	1,830	387	4,252	1,813	8,282
Difference	(147)	(48)	(26)	(221)	(130)	(132)	(1,288)	875	(675)
% Met	94%	81%	92%	93%	93%	66%	70%	148%	92%

 Bottom-line: -\$4.3M

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

Business Plan Overview Summary

- Internal Business Case Analyses to ensure we're:
 - Doing the right mix in-house care/Take care of PRIME
 - Using our resources to get greatest return on investment
 - Maximize FFS capacity to earn revenue
- Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality
- Targets of Opportunity
 - Reimbursements
 - Increase enrollment in areas of growing population
Aggressively referrals in SA MM and Network
- FY05 Business Plan
 - 25% at risk in Year 1 (05)
 - LOE is FY03 less adjustments for mobility & enrollment

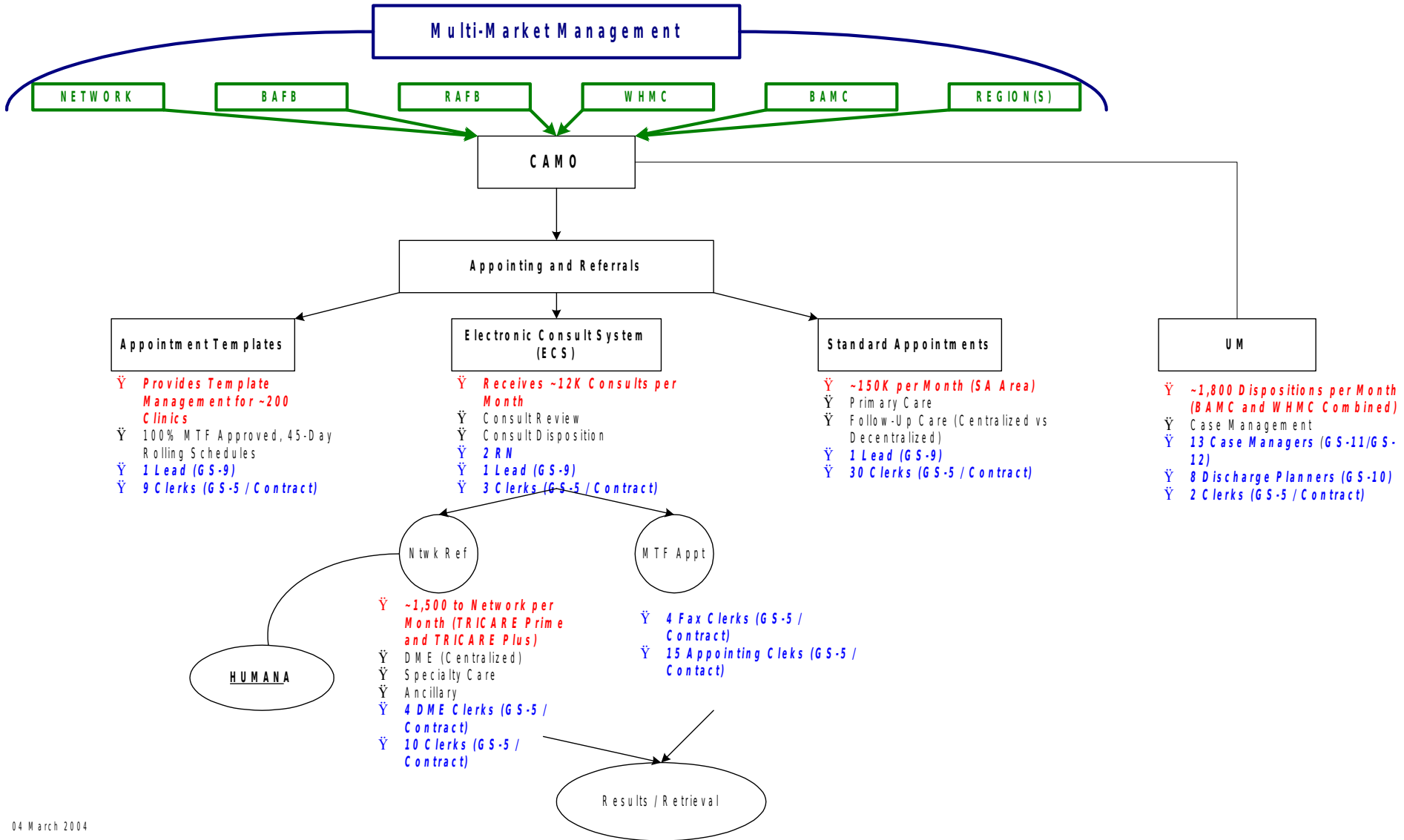
SA-MM Overview

Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office



CAMO Overview Organization Structure



Ophthalmology Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Ophthalmology Initiatives and Issues
- Dashboard

Ophthalmology Clinic Description

- Outpatient Clinic with Inpatient/Surgical Caseload
 - PRK – AF-funded initiative
- Service offered at both WHMC & BAMC
- WHMC supports BAMC with sub-specialty coverage
 - Retina, uveitis, peds, strabismus, oculoplastics, orbit, ocular oncology, refractive surgery

Ophthalmology GME Program Status

- Integrated Residency Program
 - 3 AF Starts per Year/2 Army start per year
 - 9 Total AF Residents/6 Total Army Residents
 - Total 15 Residents in Integrated Program
- RRC Status: 5-year accreditation
- Overall Program Health: Excellent
 - 100% Board Certification Pass Rate
 - 100% on-time Graduation
 - Scores: top 1-5% nation-wide
 - Case Mix and Patient Volume: Good
 - Mid 1/3 of all programs nation-wide (30-60%tile)
 - 2/3 of patient volume from patents over 65 (requires 25-30 visits/surg)
 - OR Starts: Okay
 - FY04 Avg: 3 surgeries/mo (3%) vs. 92 OR/APVs/mo = 95 cases

Ophthalmology

Mobility and Other Deployments

- Physician Deployments (SGX database)
 - FY03:
 - 1 (Dudenhoefer): 76 days
 - FY04 Taskings in Turtle Model:
 - 1 45E3 (plus Tech) in 9/10: 120 days*
- Humanitarian and Civic Assistance
 - 2 (Schatz and Roberts): 27 days total

** Not counting transition time*

Ophthalmology

Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers	MIL	GS	Total		MIL	GS	K*	Total	Staffing
45E3 (including T prefixes)	1	0	1	45E3	0	0	1	1	100%
45E3X (sub-specialists)	9	0	9	45E3X	9	0	0	9	100%
PRK P.A.s (42G3 Equiv.)	0	0	0	Other	0	0	2	2	n/a
Total Providers	10	0	10		9	0	3	12	120%
	AUTHORIZED			ASSIGNED					
Support Staff	MIL	GS	Total		MIL	GS	K	Total	Staffing
46N3 (RN)	0	0	0	4N0X1	0	0	0	0	0%
4N0X1 (actually 4V0X1A)	16	2	18	4N0X1	8	2	6	16	89%
4A0X1	4	2	6	4A0X1	3	1	3	7	117%
Total Support Staff	20	4	24		11	3	9	23	96%

↓ 89%

9 Military Sub Specialists:

Retina/Uveitis - Lane and Reed (Sep in 05)
 Glaucoma - Flynn
 Refractive Surgery - Smith, Dudenhoefer, Reilly
 Oculoplastics - Holck
 Neuro-Ophth. - Schatz
 Pediatric - Roberts

2 PRK P.A.s:

1 - Kohler
 1 - Vacant

1 45E3:

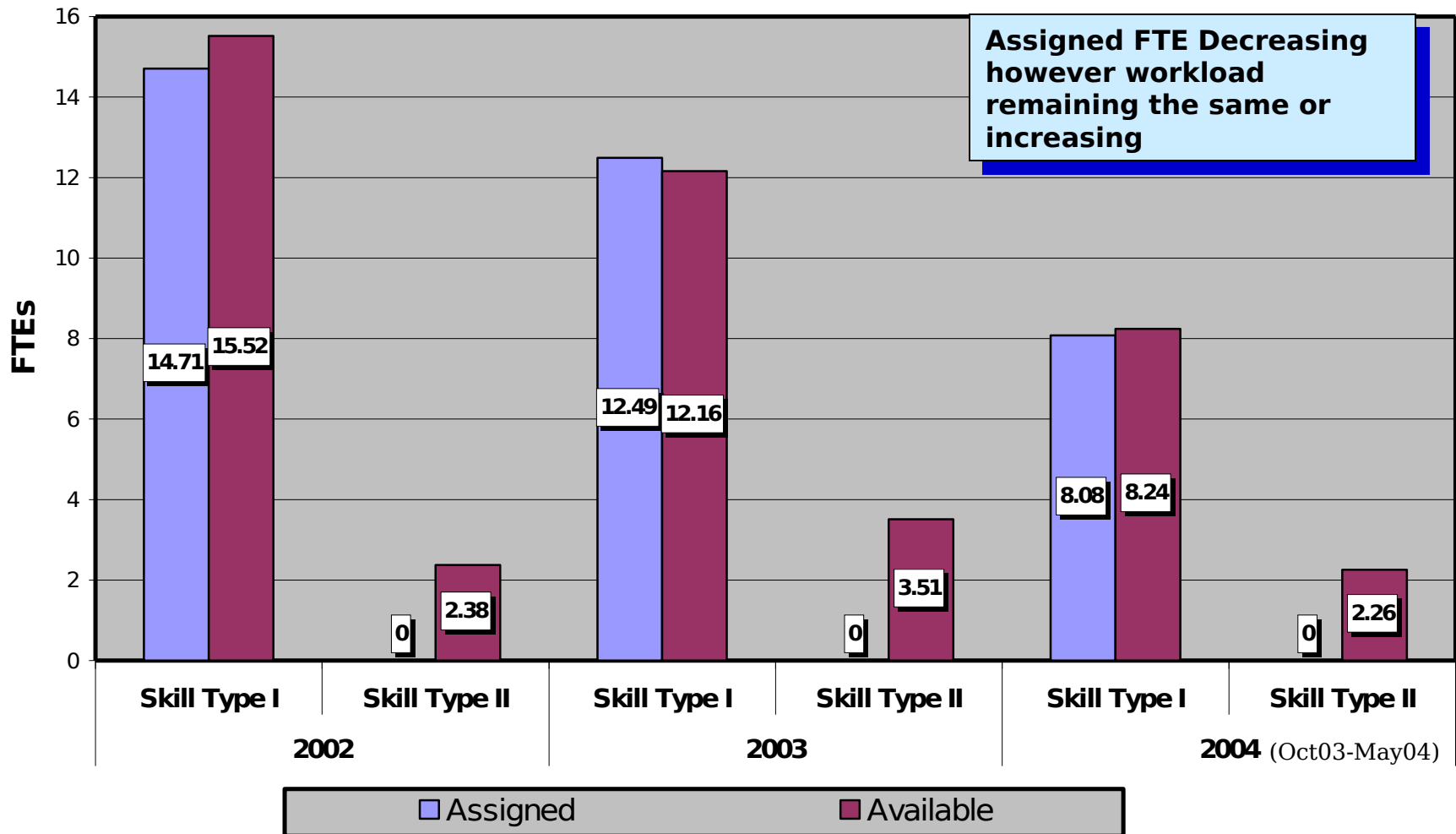
RSA Provider

- RSA provides 7.5 support staff
In addition to 1 MD
- Without RSA, staffing ratio decreases from 1:1.9 to 1:1.4

Ophthalmology

MEPRS Reporting FTEs (FY02 to FY04)

Ophthalmology FTE Reporting by FY



Ophthalmology

Staff Duty Distribution

STAFF	Duties and Additional Responsibilities
Col Flynn	Chairman/Ophthalmology Flight Commander Chief Glaucoma Service Optometry Liaison
Lt Col Holck	Program Director WHMC CME Director Director, Oculoplastics, Orbit Service Director, Ocular Oncology Service Alamo City Grand Rounds Oculoplastics, Orbit Lecture Series Director <i>ATLS/ ACLS Instructor</i>
Lt Col Schatz	Consultant WHMC Dir Residency Training/Associate PD Chief of Neurophthalmology Service Chief of Pediatric Ophthalmology and Strabismus Director, SAUSHEC Neurophthalmology Director, Ophthalmic Technician Education Coordinator of Volunteer Service Neurophthalmology Lecture Coord., Alamo City
Lt Col Smith	Chief, Cornea, External Disease Chief Refractive Surgery Service USAF/SG Refractive Surgery Consultant Director, SAUSHEC OR Cornea, External Disease and Refractive Surgery Pharmacy Liaison

Lt Col Reed	Residency Research Director Director, SAUSHEC OR Uveitis Chief, Vitreoretinal Service Chief, Uveitis Service Uveitis Lecture Coordinator, Alamo City Rounds Chief, Surgical Services Director, QA/ Invasive Procedure Monitor Director, SAUSHEC OR Retina and Vitreous Director, Diabetic Eye Care Chief, Mobile Vitreoretinal Surgery Team (MoVRS)
Lt Col Roberts	Clinic Director Assistant Chief, Pediatric Ophthalmology & Strabismus Director SAUSHEC Pediatric Ophthalmology Medical Student Training Director Clinic Equipment Officer
Major Dudenhoefer	Assistant Director, Cornea, External Disease & Refractive Surgery Ophthalmology UTC Mobility / War Readiness Director MOST Director / EIMET Director Trauma Refresher Course For Surgeons (TRACS)- Ophthalmology section Military Unique Residency Training Director

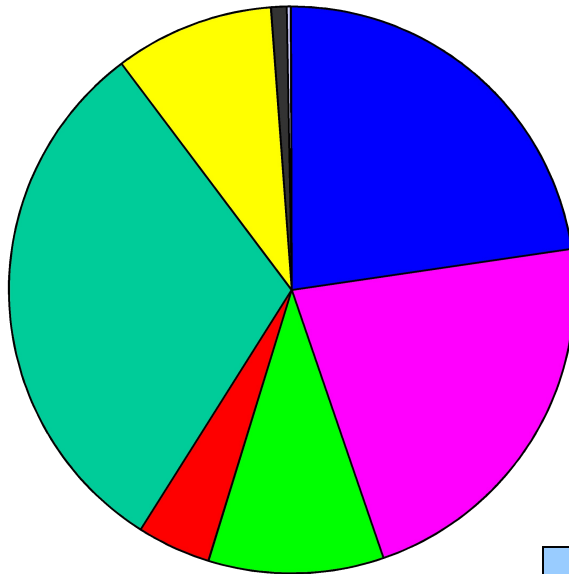
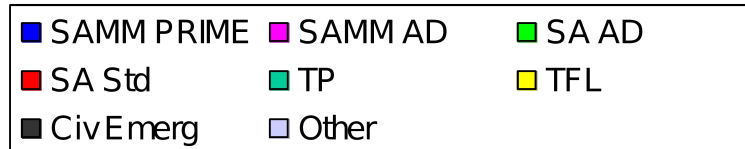
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Manpower and Staffing (Con't)

- Resource Sharing Agreements and Contractors
 - 1 RSA in place; consists of 1 45E3, 5.5 techs, & 2 clerks
 - MD visits = 3,467; Enabled visits = 6,661
 - Annual Cost: \$200K per MD; \$38K per tech FTE, and 26K per clerk = \$462K total
 - Health Plan Mgt Flt projects annual savings to WHMC of \$1.421M or 263% ROI
- AFMS-wide staffing outlook:

Ophthalmology

Visits by Enrollment Category (FY03)



- Total FY03 Users: 11,896
- Total FY03 Visits: 32,406
- Avg: 2.7 Visits per User
 - Plus: 2.8 visits/user
 - PRIME: 2.1 visits/user
 - AD & AD PRIME: 3.5 visits/user
- Total FY03 CMAC: \$3.126M
 - Avg CMAC/Visit: \$97/visit
 - Plus: \$87/visit
 - PRIME: \$96/visit

- Visits for SAMM PRIME (NAD and AD) and SA AD patients make up 55% of all Ophthalmology visits
- over age 65 beneficiaries make up 40% of visits
- AD have greatest # visits/patient and cost/visit (PRK?)

Ophthalmology Template Review

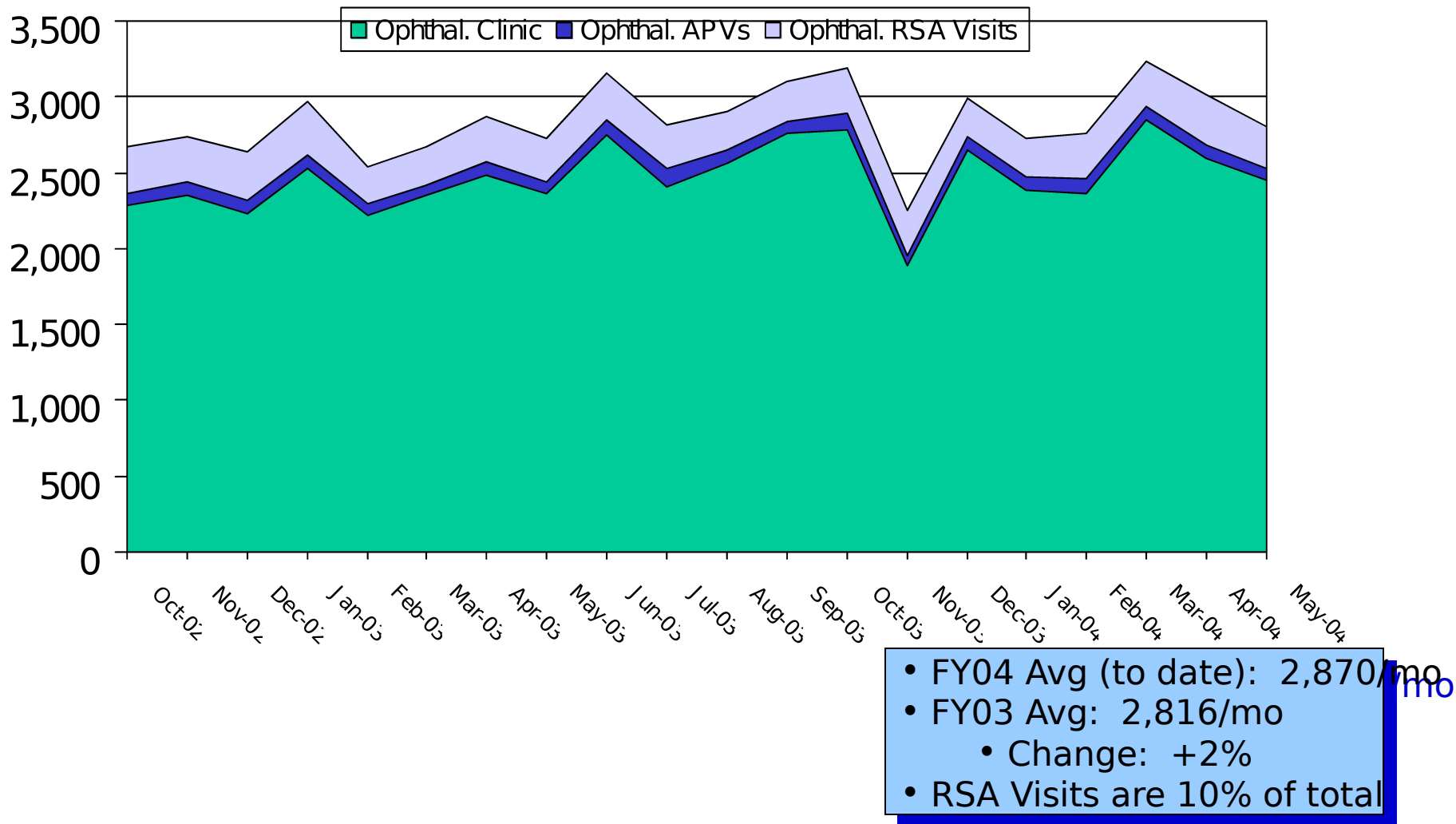
	Dec-03	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Avg
Template	2,431	3,138	3,052	3,606	3,439	3,037	3,875	2,869	3,181
Booked	2,081	2,590	2,629	3,081	2,923	2,562	3,275	2,434	2,697
% Booked	86%	83%	86%	85%	85%	84%	85%	85%	85%
Walk-ins	520	494	432	492	427	510	606	606	511
% Walk-ins of Total	20%	16%	14%	14%	13%	17%	16%	20%	16%
Total # Seen	2,601	3,084	3,061	3,573	3,360	3,072	3,881	3,040	3,208
Over/Under Template	107%	98%	100%	99%	97%	101%	100%	106%	101%

• 3,208 patients/month on avg with 12 staff providers* equals 267 patients/mo/FTE or 13.4 patients/day/FTE
* 1 Person = 1 FTE

Source: CHCS

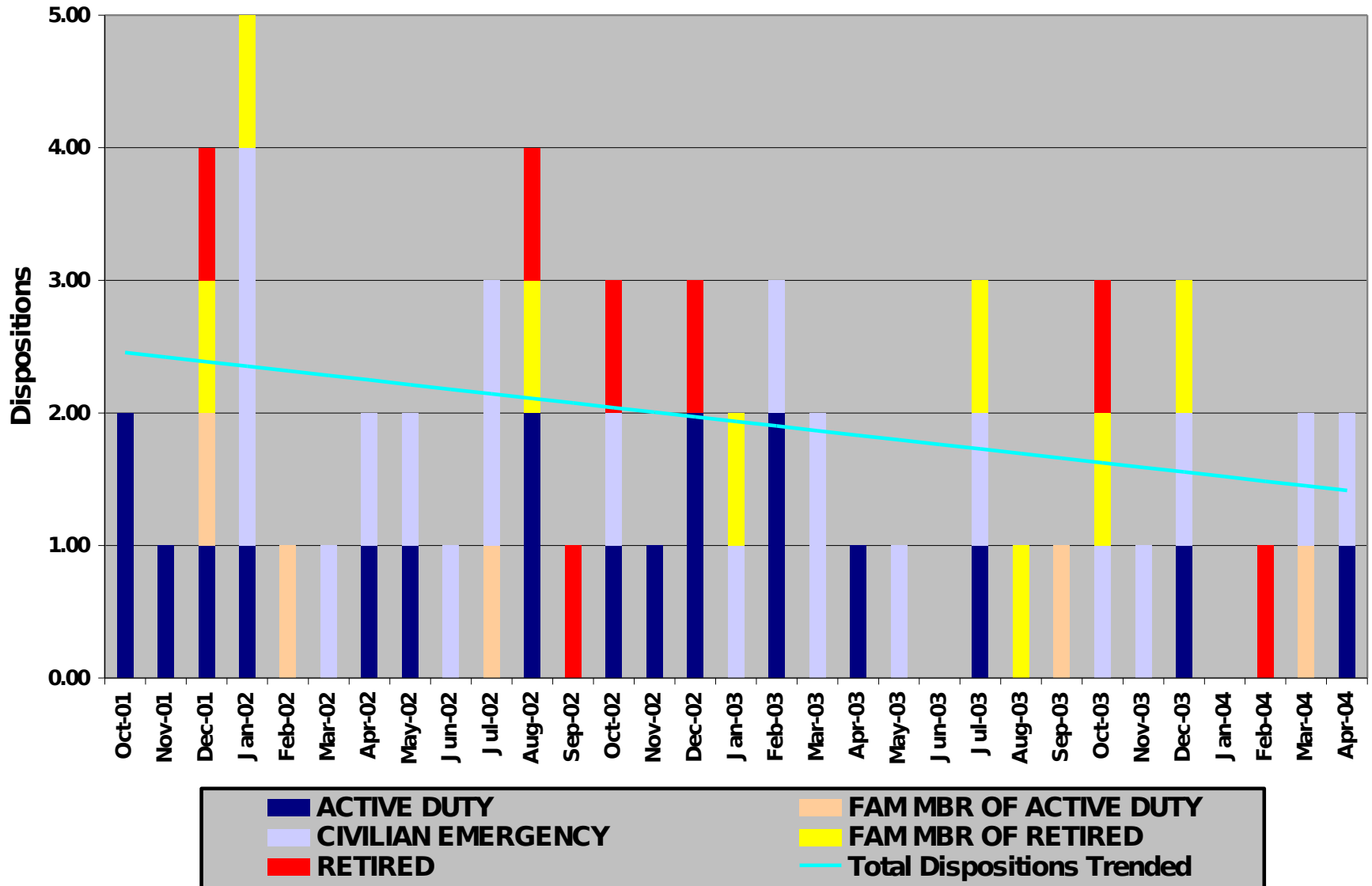
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Total Visits Oct 02-Jun 04



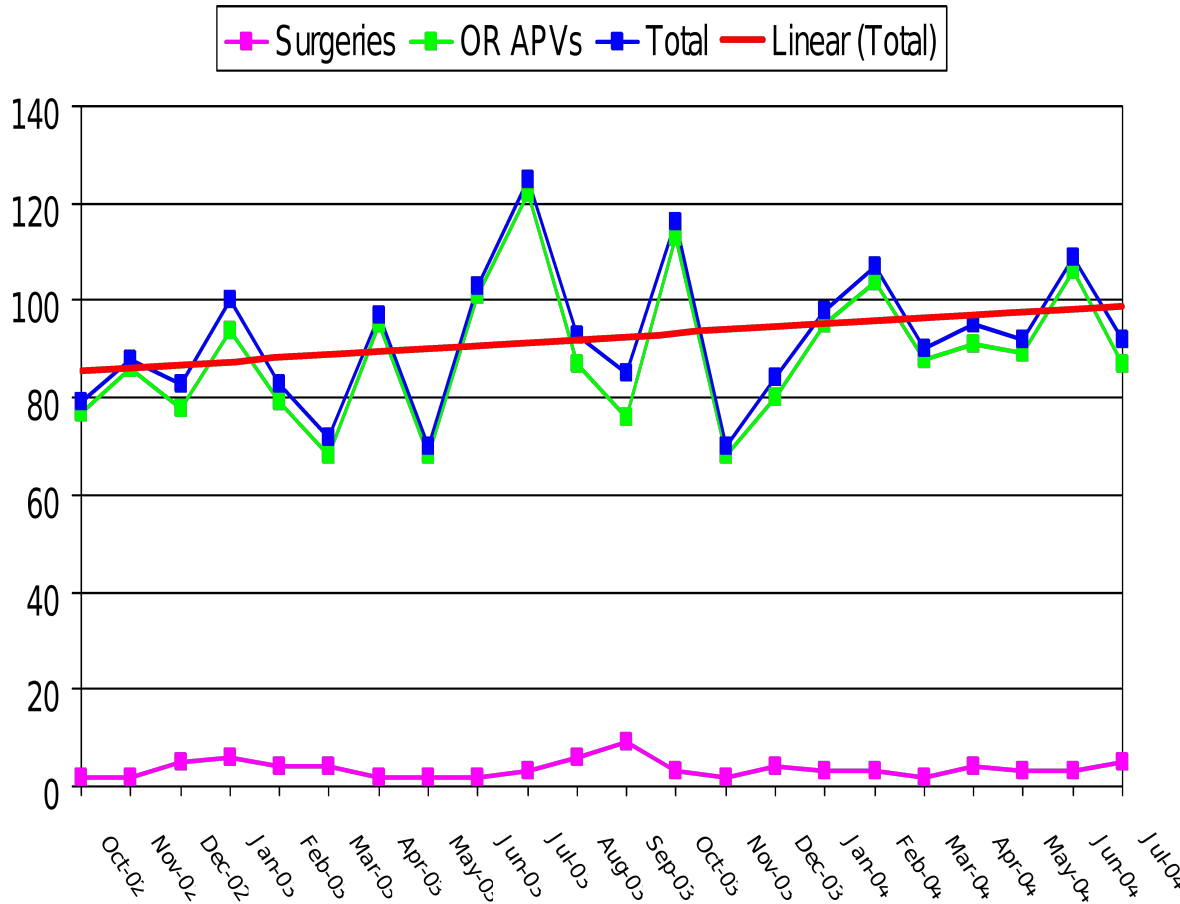
**AVG RWP per
Disposition =
0.74**

WHMC Ophthalmology Dispositions Trended FY02 to FY04



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Surgeries and OR/APVs Oct 02-Jun 04



- 97% of Surgical Workload reflected as OR/APVs
- Avg # Surgeries/mo
 - FY03: 4
 - FY04: 3 (down 18%)
- Avg # OR/APVs/mo
 - FY03: 86
 - FY04: 92 (up 7%)

- Overall, the number of Ophthalmology surgical cases increased since Oct 02
 - Up 6% overall

Ophthalmology

Access to Care

Clinic	% Met	# Appts Mtg Access Std	Total # Appts	Avg Days to Appt
Cornea	36%	9	25	28.7
Glaucoma	93%	82	88	15.8
Neuro	61%	14	23	24.5
Peds	74%	48	67	22.0
Plastics	69%	29	42	26.5
PRK	98%	666	678	10.6
RSA	32%	54	171	36.0
Retina	90%	95	106	14.0
Uveitis	96%	44	46	9.0
Gen. Ophthal.	85%	400	472	11.9
Overall	84%	1,441	1,718	15.2

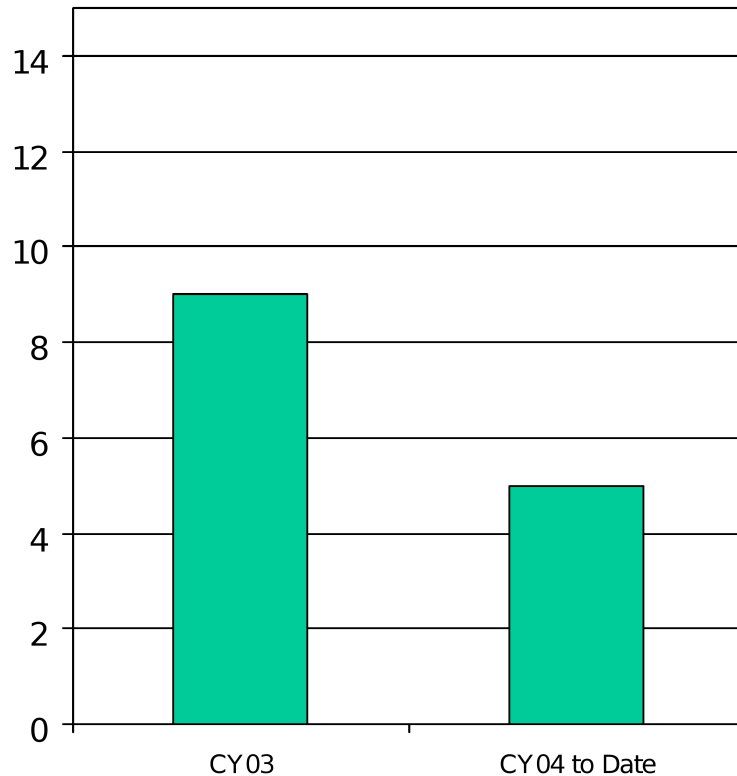
- Standard: 28 Days

- **Meeting/exceeding** standard for access to specialty care overall & in 8 of 10 clinics

Ophthalmology

PRIME Containment & Referrals to Network

PRIME Referrals (under age 64)



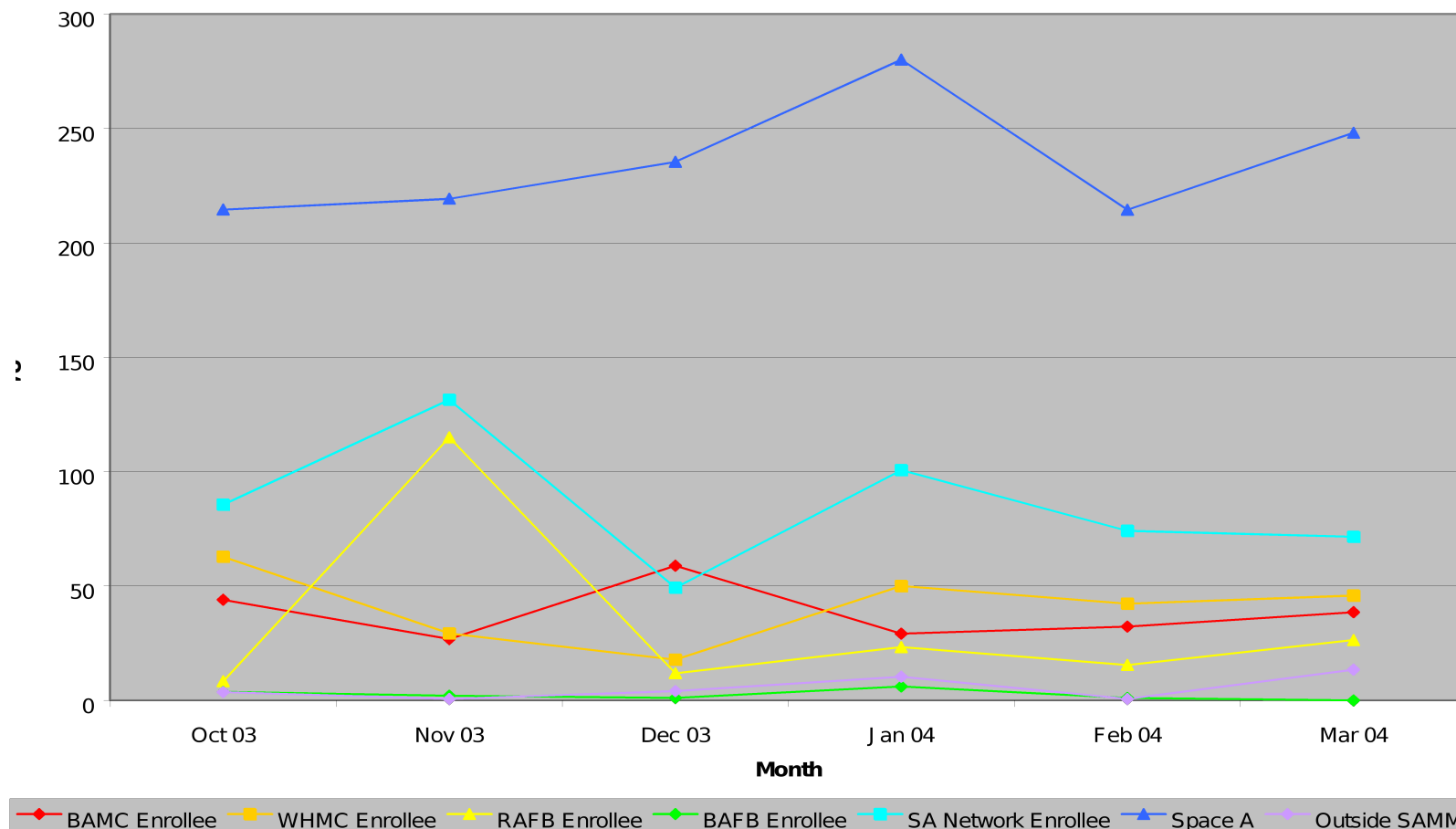
Referrals of WHMC PRIME

Category	FY03 Total	FY04 To Date
AD	\$ 5,401	\$ 2,272
BAMC PRIME	\$ 21,429	\$ 10,796
WHMC PRIME	\$ 27,461	\$ 9,282
Other MTFs	\$ 12,108	\$ 10,106
Network PRIME	\$ 41,545	\$ 23,176
TRICARE Std (<65)	\$ 67,883	\$ 29,261
Total <65	\$ 175,827	\$ 84,893
Total >65	\$ 365,014	\$ 335,679

- WHMC PRIME referrals due to continuity of care/2d opinion issues vs. lack of availability/access

Ophthalmology RVUs Seen In Private Sector (FY04)

Private Sector Ophthalmology RVUs by Enrollment in FY04



Ophthalmology

Recapture Opportunities

- WHMC and BAMC have approximately 96% of the market share (based on FY03 Data)
 - WHMC CMAC: \$3.126M
 - BAMC CMAC: \$1.626M
 - Purchased Care CMAC (< 65 yrs): \$175K (4%)
- FY04 (to date) Private Sector Care ~~Chances~~: Target Area
 - Under Age 65: \$85K (\$29K is Std)
 - Tricare For Life/Tricare Plus: \$336K

- Recapture opportunity for CHAMPUS eligible patients under age 65 who are not enrolled to an MTF
 - In FY03, 59 MDW saw 646 TRICARE Std pts for 1,354 visits at \$91K CMAC in-house

Ophthalmology

Recapture Opportunities (SA-MM PRIME)

MTF Prime - Top 20 Private Sector Ophthalmology Outpatient Procedures by Volume in FY04 (through March 04)

Procedure Code	Count	Description	Amount Paid
92004	122	OPHTHAL. SERVICES EXAM, EVAL; COMP., NEW PT, 1 OR >VISITS	\$9,376.24
92015	108	DETERMINATION OF REFRACTIVE STATE	\$1,919.16
92014	82	OPHTHAL. SERVICES EXAM, EVAL; COMP., ESTAB PT, 1 OR >VISITS	\$4,083.38
92012	62	OPHTHAL. SERVICES EXAM, EVAL; INTERMED, ESTABLISHED PATIENT	\$1,786.52
92083	22	VISUAL FIELD EXAM UNILAT/BILAT;EXTENDED EXAMINATION	\$736.85
92002	15	OPHTHAL. SERVICES EXAM, EVAL; INTERMEDIATE, NEW PATIENT	\$557.77
92135	12	SCAN COMP OPHTHAL DIAG IMAG (EG, SCAN LASER),I&R, UNILAT	\$564.23
92250	11	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$480.46
92225	7	OPHTHALMOSC, EXTND W/RETINAL DRAWING, W/INTRP & RPT; INITIAL	\$136.78
92020	7	GONIOSCOPY (SEPARATE PROCEDURE)	\$128.08
99213	6	OUTPATIENT VISIT, ESTABLISHED PATIENT, LOW COMPLEXITY	\$94.62
92226	6	OPHTHALMOSCOPY, EXTENDED W/RETINAL DRAWING; SUBSEQUENT	\$132.88
92235	6	FLUORESCEIN ANGIOGRAPHY WITH INTERPRETATION AND REPORT	\$178.20
99244	5	OUTPATIENT CONSULT, NEW/ESTAB PATIENT, MODERATE COMPLEXITY	\$443.41
68761	5	CLOSURE OF THE LACRIMAL PUNCTUM;BY PLUG, EACH	\$542.54
99214	5	OUTPATIENT VISIT, ESTABLISHED PATIENT, MODERATE COMPLEXITY	\$289.37
76514	5	OPHTHAL ULTRASOUND, CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$65.31
99212	5	OPV, EST; PROB FOC HX & EXAM, STFWD DEC, 10 MIN	\$89.87
99204	4	OUTPATIENT VISIT, NEW PATIENT, MODERATE COMPLEXITY	\$396.11

Highlighted cells indicate differences between mtf prime and space available private sector procedures.

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****

Ophthalmology

Recapture Opportunities (SA-MM Std)

Space A - Top 20 Private Sector Ophthalmology Outpatient Procedures by Volume in FY04 (through March 04)

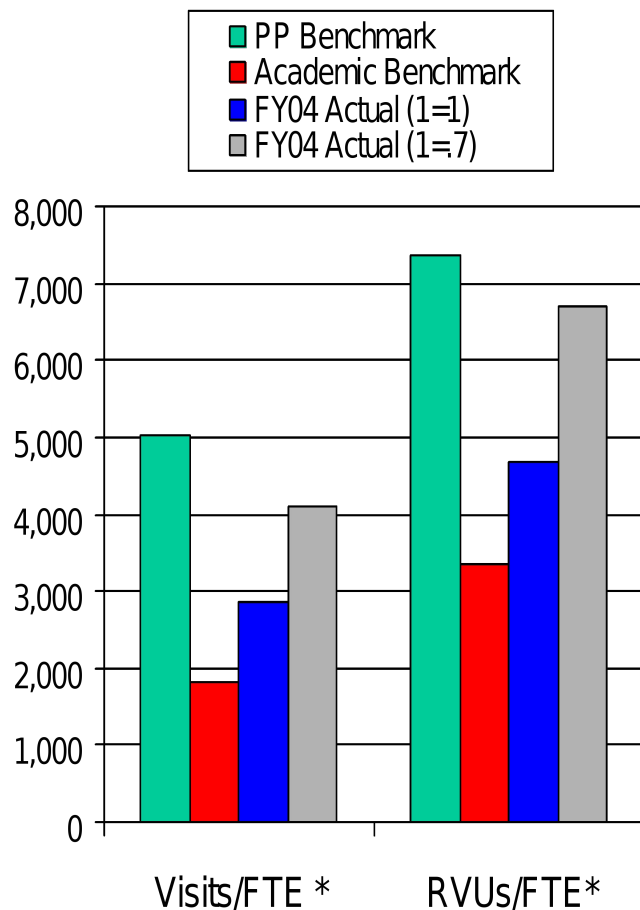
Procedure Code	Count	Description	Amount Paid
92014	214	OPHTHAL. SERVICES EXAM, EVAL; COMP., ESTAB PT, 1 OR >VISITS	\$5,610.04
92012	144	OPHTHAL. SERVICES EXAM, EVAL; INTERMED, ESTABLISHED PATIENT	\$2,574.17
92015	107	DETERMINATION OF REFRACTIVE STATE	\$1,021.69
92004	55	OPHTHAL. SERVICES EXAM, EVAL; COMP., NEW PT, 1 OR >VISITS	\$1,956.05
92083	54	VISUAL FIELD EXAM UNILAT/BILAT;EXTENDED EXAMINATION	\$1,051.53
92135	37	SCAN COMP OPHTHAL DIAG IMAG (EG, SCAN LASER),I&R, UNILAT	\$1,161.64
92226	35	OPHTHALMOSCOPY, EXTENDED W/RETINAL DRAWING; SUBSEQUENT	\$543.08
92250	26	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	\$566.29
92020	19	GONIOSCOPY (SEPARATE PROCEDURE)	\$181.34
99213	18	OUTPATIENT VISIT, ESTABLISHED PATIENT, LOW COMPLEXITY	\$214.84
99244	15	OUTPATIENT CONSULT, NEW/ESTAB PATIENT, MODERATE COMPLEXITY	\$527.01
66984	14	EXTRACAPSULAR CATARACT REMOVAL W/INSERTION INTRAOCULAR LENS	\$2,665.80
99214	13	OUTPATIENT VISIT, ESTABLISHED PATIENT, MODERATE COMPLEXITY	\$361.50
92002	12	OPHTHAL. SERVICES EXAM, EVAL; INTERMEDIATE, NEW PATIENT	\$72.09
76514	12	OPHTHAL ULTRASOUND, CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$50.08
92235	12	FLUORESCEIN ANGIOGRAPHY WITH INTERPRETATION AND REPORT	\$479.79
99243	11	OUTPATIENT CONSULT, NEW/ESTAB PATIENT, LOW COMPLEXITY	\$451.28
92225	11	OPHTHALMOSC, EXTND W/RETINAL DRAWING, W/INTRP & RPT; INITIAL	\$146.14
99212	9	OPV, EST; PROB FOC HX & EXAM, STFWDD DEC, 10 MIN	\$31.87
67228	9	DESTROY EXTENS./PROGRESS. RETINOPATHY PHOTOCOAGULATION	\$280.14

Highlighted cells indicate differences between mtf prime and space available private sector procedures.

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****

Ophthalmology

Benchmark Comparison per FTE

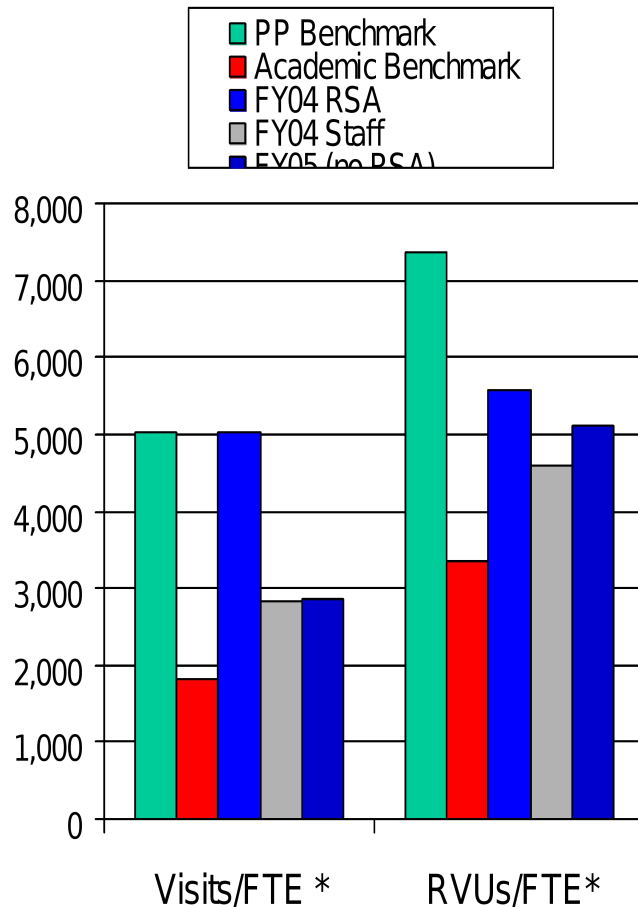


	1 Staff = 1 FTE	1 Staff = .7 FTE
# FTEs	12	8.4
Proj FY04 Visits	34,443	34,443
Proj FY04 Visits/FTE	2,870	4,100
PP Benchmark (visits/FTE)	5,016	5,016
% Compared to PP Benchmark	57%	82%
Academic Benchmark (visits/FTE)	1,817	1,817
% Compared to Acad. Benchmark	158%	226%
FY04 RVUs	56,187	56,187
RVU/Visit	1.63	1.63
RVU/FTE	4,682	6,689
PP Benchmark (RVU/FTE)	7,377	7,377
% Compared to PP Benchmark	63%	91%
Academic Benchmark (RVU/FTE)	3,337	3,337
% Compared to Acad. Benchmark	140%	200%

- Ophthalmology staff exceeded **academic** benchmarks

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Benchmark Comparison (RSA vs. Staff)



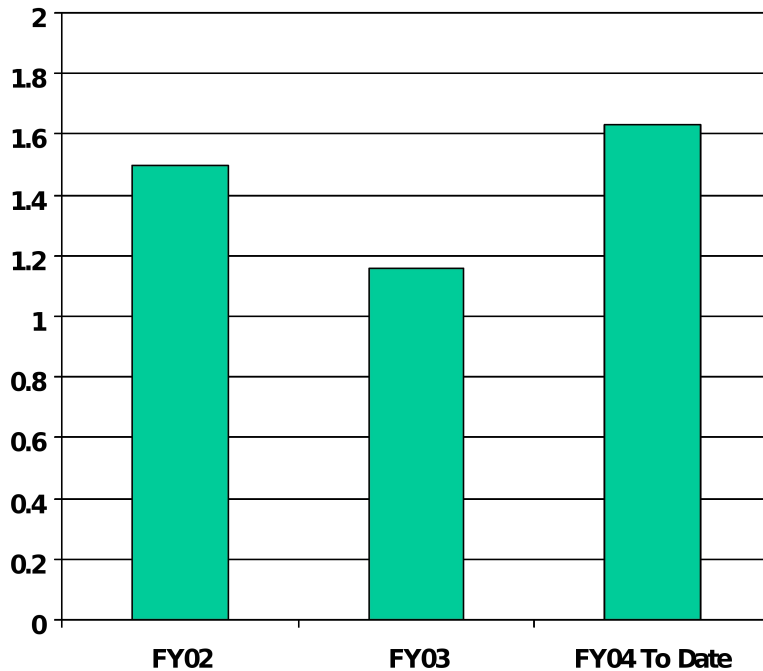
	RSA = 1 FTE	Staff = 11 FTE
# FTEs	1	11
Proj FY04 Visits	3,424	31,020
Proj FY04 Visits/FTE	3,424	2,820
PP Benchmark (visits/FTE)	5,016	5,016
% Compared to PP Benchmark	68%	56%
Academic Benchmark (visits/FTE)	1,817	1,817
% Compared to Acad. Benchmark	188%	155%
FY04 RVUs	5,580	50,563
RVU/Visit	1.63	1.63
RVU/FTE	5,580	4,597
PP Benchmark (RVU/FTE)	7,377	7,377
% Compared to PP Benchmark	76%	62%
Academic Benchmark (RVU/FTE)	3,337	3,337
% Compared to Acad. Benchmark	167%	138%

- If RSA provider deleted, remaining Staff providers would have to See 2,870 visits/mo (50 more per Month or 2.5 more patients/day)

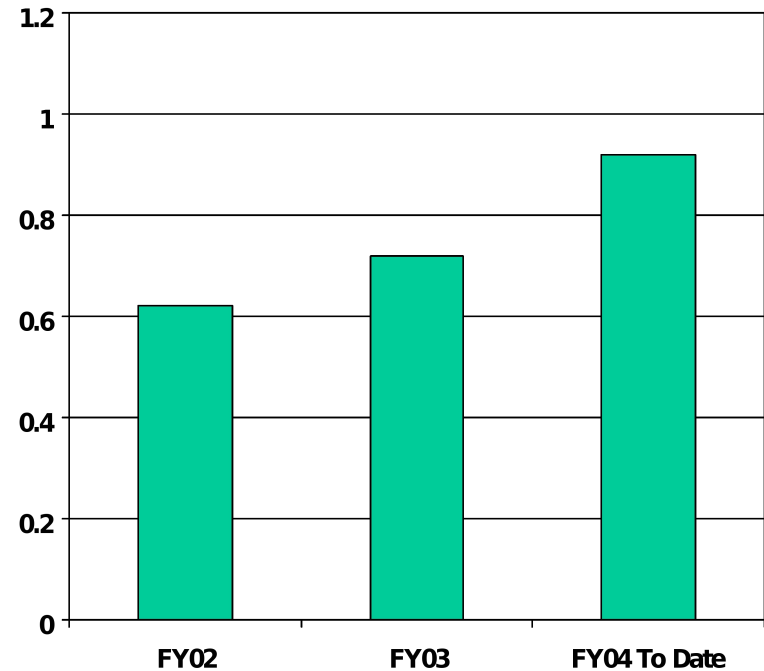
Ophthalmology

Measures of Complexity

RVU/Visit



RWP/Disposition



- Outpatient: RVU/Visit up 9% over FY02
- Inpatient: RWP/Disp up 32% over FY02

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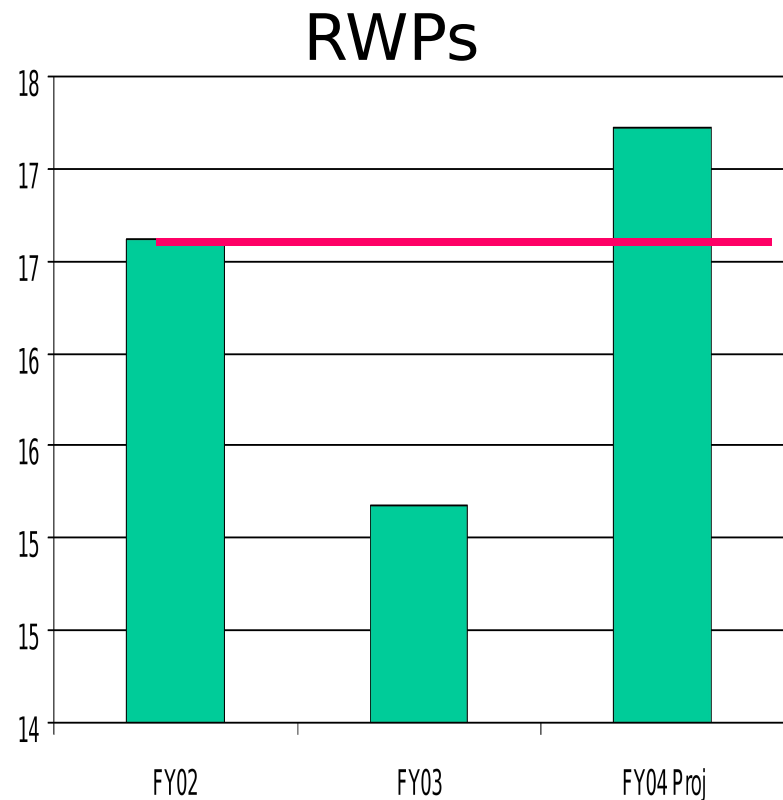
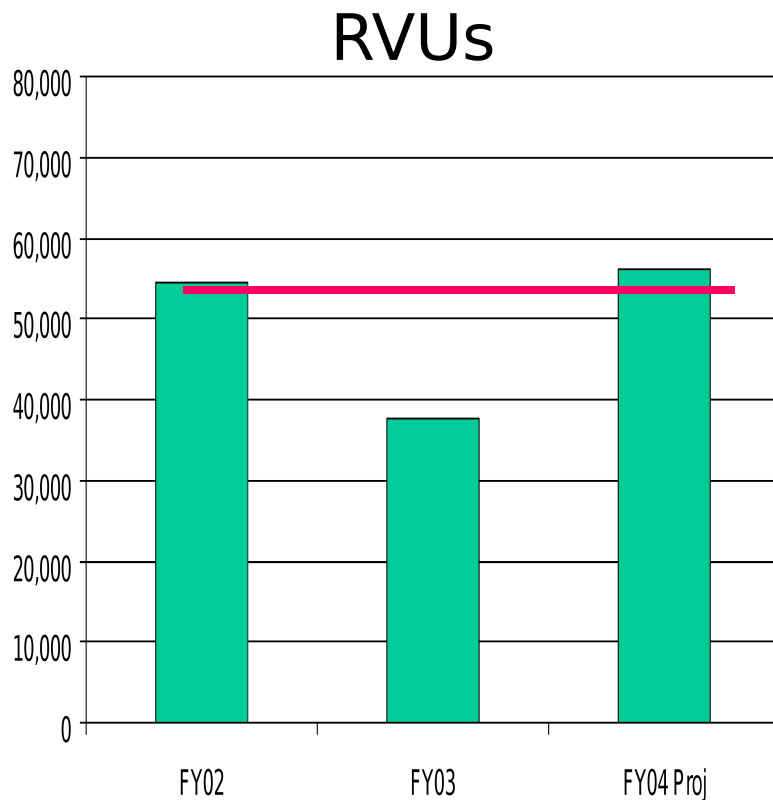
Coding Analysis

- Coder Situation: 1 coder (outpatient)
- Data Quality* (Goal: 90% or more)
 - ICD9: 87.6% (WHMC Avg: 80.7%)
 - CPT: 93.5% (WHMC Avg: 76.8%)
 - E&M: 80.5% (WHMC Avg: 81.3%)

- Exceeds AFMSA standards for CPT and below but close to Std for ICD9 and E&M

Ophthalmology

Total RVUs/RWPs and BP Baseline



- Current Baseline is FY02 LOE
- FY05 Baseline will be FY03 LOE +/- adjustments
- Overall, FY04 RVUs 3.3% above FY02 LOE
- FY04 RWPs 32% above FY02 LOE (disp down 22%)

Ophthalmology

Business Plan Performance Oct-Jun 04

	Total 59 MDW PRIME Enrolled Care (IHC, Other DC, PSC)	All FFS Patients (Other MTFs Enrollees, SA AD, SA NAD, TP, TFL, etc.)	Total PRIME + FFS
Actual Oct-Jun 04	28,326	13,814	42,140
Target	21,500	19,543	41,043
Diff	6,826	-5,729	1,097
% Met	138%	71%	103%
\$ Implications	(\$505,124)	(\$423,946)	

	Total
Overall PRIME	\$ (505,124)
Overall FFS	\$ (423,946)
Financial Bottom-line	(929,070)

BAMC was
-\$30K overall

- Spent \$505K more projected on PRIME; Earned \$425K less than projected on FFS
- Overall BP impact -\$929K in outpatient care even though RVUs up 3%
 - FY05 Outlook: change PRIME targets to accommodate Access to Care for PRIME will improve bottom-line

Ophthalmology

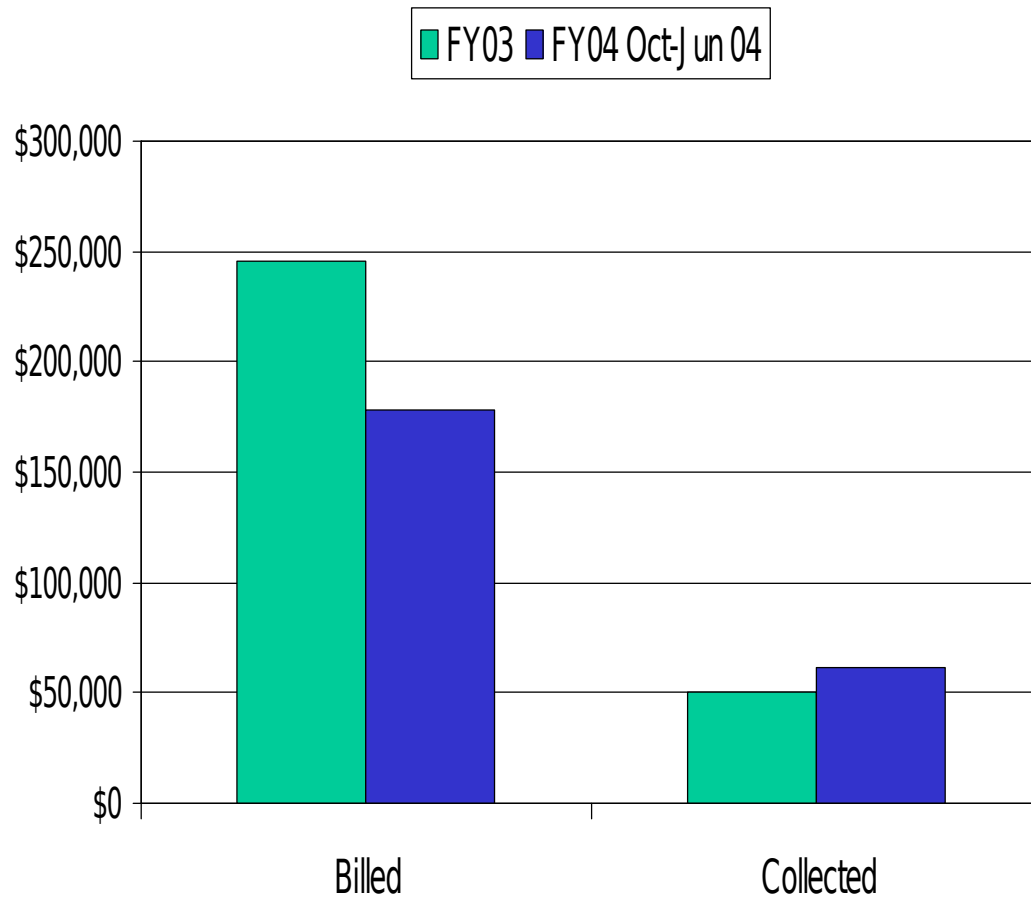
New FY05 BP Targets

- Ophthalmology part of “Surgical Sub” roll-up
- New targets to be based on:
 - Increased Enrollment/demand
 - PRIME Access to Care
 - Actual Execution (Enrollee care targets?)
 - Mobility Taskings

	FY02 (Current LOE Baseline)	FY03 (FY05 LOE baseline)	FY04 (Projected)	Current FY04 Execution vs. FY03 (Overall)
Total RVUs	54,400	37,714	56,187	49%
Total RWPs	16.62	15.18	17.22	13%

Ophthalmology

Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
 - FY03: 0.20
 - FY04: 0.34
 - .34 for APVs
 - .31 for visits
 - .44 for RSA visits
- Billing same/mo than FY03
- Already collected more by Jun 04 than all of FY03



**\$61K collected
as of Jun 04**

Ophthalmology Clinic Initiatives

- Initiatives
 - Opened satellite clinic in HAWC
 - Additional space, easier patient access
 - Reorganized Dept
 - Increase of five exam rooms and two waiting areas
 - Remodeled clinic admin/patient check-in
 - Improve patient flow








Ophthalmology








Clinic Issues/Requirements

- Needed to improve service
 - Additional technicians
 - SCO model of 24 technicians: current staffing of 16
 - Additional Computer Systems support
 - Network for digital photos, images, test results to all exam rooms
 - Electronic (PDA) network for all techs/MD's
 - Patient scheduling
 - Additional clinic space
 - Increase efficacy and access
 - Clinic RN
 - Clinic procedures/clinic OR/patient education

Ophthalmology

Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits/Surgeries	
PRIME Containment	
Market Share	

Area Reviewed	
Recapture Opportunity	
Data Quality	
Productivity vs. Civilian Benchmarks	
Total RVUs vs. BP Target	
BP Performance Oct-Apr 04	
Proj. BP Performance (New Targets)	
Patient Satisfaction	

Ophthalmology

Next Steps

- Step 2
 - Follow-up: Week 7-10 Sep (Wed or Thursday)
- Step 3
 - Projected WHMC/BAMC Brief: late Sep 04



Integrity - Service - Excellence